

Name - Print or Type:_____ Date Due:_____

Position Applied For:_____ Date Returned:_____

POLICE DEPARTMENT APPLICANT INFORMATION SUMMARY



STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY

The City of Bloomington is an Equal Employment Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, sex, color, ancestry, national origin, religion, handicap (as defined by law), age, marital status, sexual orientation, or number of dependents except when such constitutes a bona fide occupational qualification necessary to proper and efficient administration.

All applicants and employees are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No questions on this report are intended to secure information to be used for unlawful discrimination.

STANDARDS FOR APPOINTMENT **TO THE DEPARTMENT**

For appointment as a police officer with the City of Bloomington, Indiana, the following requirements must be met by the applicant:

- * The applicant must be at least twenty-one (21) years of age and less than thirty six (36) years of age at the time of appointment to the department.
- * The applicant must be a high school graduate as evidenced by a diploma issued by a high school accredited by the department or agency of the State authorized to accredit high schools or have certification of an equivalent education. A college degree is preferred.
- * The applicant must reside in Monroe County or a county adjacent to Monroe County and maintain residential telephone service at the time of appointment to the department.
- * The applicant shall possess a valid driving license from the State of Indiana at the time of appointment.
- * The applicant must submit to oral interviews before the Police Personnel Screening Committee and the Board of Public Safety for the purpose of determining such characteristics as the applicant's ability to communicate and handle stress and to examine the applicant's experience and background.
- * The applicant must be of good moral character as determined by a thorough background investigation and must submit to a polygraph exam and drug screening exam.
- * Applicants must successfully pass a general aptitude test and the physical agility test per statewide guidelines.
- * After a job offer is made, the applicant must pass a psychological screening and physical examination performed by a licensed physician or surgeon, chosen by the Police Pension Board, and be accepted into the Public Employees' Retirement Fund. Additionally, after selection the applicant must pass the physical fitness standards of the Indiana Police Academy, and must meet and maintain the physical fitness standards of the Bloomington Police Department throughout employment with the City of Bloomington.

INSTRUCTIONS

1. Read each item carefully.
2. This form must be typed or printed neatly in ink.
3. All items must be completed and necessary documentation attached.
4. If additional space is needed, use the supplemental page at the end of the form, referencing the question being answered each time.
5. The completed form must be returned to the City of Bloomington Employee Services Department, 401 North Morton Street Suite 230, P.O. Box 100, Bloomington, IN 47402, by the specified deadline.

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding the Applicant Screening Process stage will result in the rejection of the application.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application.
3. Failure to return this form by the specified date will result in the rejection of the application.
4. Applicants who are rejected during the Applicant Screening Process stage may not reapply for a period of one year from the date of rejection.
5. Applications will not be accepted without complete addresses, phone numbers and **zip codes**.

If you need assistance in completing this form, please contact the City of Bloomington Employee Services Department at (812) 349-3404.

USE ZIP CODES ON ALL ADDRESSES

I. PERSONAL HISTORY

- A. Full Name (last, first, middle) _____
- B. Social Security Number _____
- C. List all other names you have used including nicknames. If female, furnish maiden name. If you have ever used any last name other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court. (This information is being collected to assist the department in conducting a thorough background investigation, i.e., felony conviction check.)
- _____
- _____
- _____
- D. Birth Date (month, day, year) _____
- Birth Place (city, state) _____
- Attach a copy of your Birth Certificate.** This will be used to verify your age for statutory requirements and pension purposes.
- E. Are you a U.S. Citizen? ☐ Yes ☐ No
(All applicants will be required to provide proof of eligibility to work in the U.S. before beginning employment.)

II. RESIDENCES

- A. Current residence (number, street, city, county, state, zip code, telephone; if apartment, include name and location of complex):

Address

City _____ State _____ Zip _____ Telephone # _____
() _____

- B. List chronologically (most current first) all of your residences in the past ten years. Include addresses while attending school if away from home and ALL military addresses; including off base locations. Also, towns or cities that are located in the immediate vicinity of military complexes. If apartment, include name and location of complex.

| Date | Number Street | City | State/Zip Code |
|---------|---------------|------|----------------|
| From/To | | | |

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

III. EDUCATION

List all schools attended at the high school level and above. **Include copies of all diplomas/degrees and certifications.**

| High Schools | Years Attended From/To | Address | Degree Diploma |
|-------------------------------|---------------------------|---------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Colleges/Universities | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Graduate Schools | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Other: Vocational, Technical | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Law Enforcement Certification | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IV. EMPLOYMENT RECORD

List chronologically (most current first) all employers. Include full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure all phone numbers are correct including extension numbers.

1. Employment Dates: From _____ To _____
Current Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____

2. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
3. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
4. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
5. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____

6. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
7. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
8. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
9. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____

10. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
11. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
12. Employment Dates: From _____ To _____
Previous Employer _____
Address _____ Zip Code _____
Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____

V. **MILITARY SERVICE**

- A. Are you registered for Selective Service? ☐ Yes ☐ No

Selective Service Number: _____

- B. Have you ever served on active duty in the armed forces of the United States?

☐ Yes ☐ No

Branch of Service: _____

Date of Active Duty (month, day, year): _____

Serial Number: _____

Type of Discharge (other than Medical*): _____

**** No applicant will be automatically rejected because of a less than honorable discharge (except a dis-honorable one). But the discharge may be considered in connection with other information. If your discharge is less than honorable, explain on the supplemental page.***

- C. Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit? ☐ Yes ☐ No

- D. While in military service, were you ever convicted of any offense?

☐ Yes ☐ No

When? _____

Explain: _____

- E. **Attach a copy of your DD214 (Military Service Record).**

VI. FINANCIAL REPORT

A. Credit References

List all current accounts (checking, savings) with financial institutions.

Name/Address

of company

Type of Account

B. Credit Obligations:

Name/Address

Type of Account

[illegible]

C. Have you ever filed bankruptcy?

☐ Yes

☐ No

If yes, date filed and where

VII. DRIVER'S RECORD

- A. List all vehicle operator's licenses you now hold or have held (**Attach copies**):

| Type (Driver's/ Chauffeur's, CDL) | State of Issuance | License Number | Expiration Date | Restrictions |
|--------------------------------------|----------------------|-------------------|--------------------|--------------|
| | | | | |
| | | | | |

- B. List all traffic citations you have received in the past three years:

| Date | Location | Charge |
|------|----------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

- C. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No
If yes, explain: _____

VIII. ARREST/FELONY CONVICTION RECORD

- A. Have you ever been arrested, detained or summoned to appear in court by a law enforcement agency? *
☐ Yes ☐ No

If yes, provide date(s), place(s), and disposition(s) on supplemental page.

- B. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain on supplemental page.

****NO APPLICANT WILL BE AUTOMATICALLY REJECTED BECAUSE OF AN ARREST RECORD. THIS INFORMATION IS BEING OBTAINED ONLY TO ASSIST IN COMPLETION OF A BACKGROUND INVESTIGATION.***

IX. ORGANIZATION MEMBERSHIP

- A. List all organizations, clubs, unions and associations of which you are or have been associated, including positions held:

- B. List all hobbies, special skills and abilities, including any foreign languages you speak:

X. FAMILY HISTORY

- A. Give the name of your father, mother, step-parents, foster parents, guardians, sisters, brothers, spouse, children, in-laws and ex-spouses who are still living:

Name

Relation

Address

Occupation

Phone

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

XI. GENERAL INFORMATION

- A. Do you object to wearing a uniform? ☐ Yes ☐ No
- B. Do you object to working nights, weekends, or holidays? ☐ Yes ☐ No
- C. Do you object to working any shift assigned or changing shifts whenever deemed necessary by the Police Department? ☐ Yes ☐ No

XII. REFERENCES

List five current references (other than relatives and former or current employers):

1. Name _____
Occupation _____
Address and Zip Code _____
Phone Number During Day _____ Years Known _____

2. Name _____
Occupation _____
Address and Zip Code _____
Phone Number During Day _____ Years Known _____

3. Name _____
Occupation _____
Address and Zip Code _____
Phone Number During Day _____ Years Known _____

4. Name _____
Occupation _____
Address and Zip Code _____
Phone Number During Day _____ Years Known _____

5. Name _____
Occupation _____
Address and Zip Code _____
Phone Number During Day _____ Years Known _____

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

XV. CRIMINAL RECORDS AND BACKGROUND CHECK

I, _____, acknowledge that I have been advised and understand that my employment and/or continuation of employment by the City of Bloomington Police Department is contingent upon, but not limited to, the following:

1. A security clearance from both the Federal Bureau of Investigation and the Indiana State Police. Clearance is necessary to complete computer training involving access to confidential information.
2. I understand and agree that the background check may include but shall not be limited to investigation of my character, personal history, credit history and financial condition.
3. Verification that the application of the undersigned has not been falsified and/or no criminal record exists.
4. I hereby waive the restrictions on access to any and all records of any juvenile courts or law enforcement agencies relating to me when I was a juvenile pursuant to Indiana Code Section 31-6-8-1(i) and Indiana Code Section 31-6-8-1.2 (h). I understand that any information gathered as a result of this waiver will be kept confidential, and will be used solely to determine my fitness as an applicant. I make this waiver knowingly and voluntarily.

Signature

Witness

XVI. SIGNATURE

Read the following statement carefully. If you have any questions, please contact the Personnel Department before signing the form.

I hereby authorize and give my consent to the release of any and all background information and/or records about me, by any person, business, agency or other entity in possession of the same, to the City of Bloomington Police Department, for the purpose of conducting a background check. I authorize the City of Bloomington to make photocopies of this document, and such copies shall suffice in place of the original to notify persons or other entities in possession of information about me that I have freely and voluntarily agreed and consented to the matters herein.

I certify that the information contained in this form is true. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent in part upon satisfactory completion of all phases of the Applicant Screening Process.

I hereby waive, release, and surrender any and all rights to claims which I may have against the City or County, or any of its officers, employees, or agents as a result of the release of such records.

Signature of Applicant

Date of Signature

TO BE COMPLETED BY NOTARY PUBLIC:

Subscribed and sworn before me, a Notary Public in the County _____

State of _____, this _____ day of _____, 19____.

Notary Public: _____

My Commission Expires: _____

RELEASE AND HOLD HARMLESS AGREEMENT

I have submitted my application for the position of police officer with the City of Bloomington. I wish to take the physical agility test which each applicant is required to pass in order to have his or her application considered for said position. I understand that current statewide physical agility testing for police officers includes muscular strength, muscular endurance, cardiovascular endurance and musculoskeletal flexibility.

In consideration for being permitted to take this physical fitness test, I hereby release, discharge and agree to hold harmless the City of Bloomington Police Department and its officers, agents, employees, successors and assigns, from any and all liability for personal injury or property damage which I may sustain in any way as a result of my taking this test, whether such injury or damage occurs before, during or after the test, and whether or not such injury or damage occurs in, on or about the premises where the test is conducted. I will assume full responsibility for any such injury or damage and I do hereby fully and forever release and discharge the City of Bloomington Police Department and its officers, agents, employees, successors and assigns from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my taking this physical agility test.

In the event that my taking this test should result in injuries or damages to person or property and a claim is asserted against the City of Bloomington Police Department, I will hold harmless, defend and indemnify the Police Department against any claim, demand, damage right of action or cause of action present or future, whether the same be known, anticipated or unanticipated, resulting from my taking this test.

I further state that I voluntarily take this physical agility test, and that I recognize and voluntarily assume the risks inherent in taking the test, and that I have to my knowledge no medical condition or risk factor that would prevent my taking this test.

This Release and Hold Harmless Agreement shall be binding upon my heirs, assigns, executors and administrators.

Date

Printed Name

Signature

Voluntary Affirmative Action Information

The City of Bloomington is attempting to gather data regarding its Affirmative Action/Equal Opportunity efforts. Such information will enable the City to design affirmative action efforts that may be more successful than those currently used and to evaluate the success of the present programs. The information on this form is strictly confidential and will not be matched with any application for employment. The data is used for statistical purposes only. Completion of the information below is voluntary. PLACE THE COMPLETED FORM IN THE LOCKED WOODEN BOX MARKED "EEO."

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap, sexual orientation, number of dependents, or any other legally protected status.

Date _____

Position(s) Applied For: _____

Where did you learn of the job vacancy:

- | | |
|--|--|
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Unemployment Office | <input type="checkbox"/> City Job Posting Bulletin Board |
| <input type="checkbox"/> Other _____ | |

Applicant's Name _____
(Last) (First) (Middle)

Social Security Number _____

Address _____

Date of Birth _____ Age _____ Sex _____

Race:

- | | | |
|--|---|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> African American | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Spanish Surname | <input type="checkbox"/> Asian American | <input type="checkbox"/> Other _____ |

If you are a disabled veteran, a VietNam Era veteran, or have a physical or mental disability, you are invited to volunteer the information below. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. The information will be treated as confidential. Failure to provide the information will not jeopardize or adversely affect your consideration in employment.

- | | | |
|--|---|--|
| <input type="checkbox"/> Disabled Individual | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Vietnam Era Veteran |
|--|---|--|

EXPLANATION OF DISABILITY _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT CHECK LIST

Please use the following list as a guide in completing your application.

- ☐ Full names and address of family members (mother, father, step-parents, foster-parents, guardians, brothers, sisters, spouse, children, in-laws, ex-spouses)
- ☐ Addresses and dates pertaining to all prior residences in the last ten years
- ☐ Information pertaining to all present and former employers. Include dates, names, addresses, and phone numbers of companies.
- ☐ Selective Service Number, Dates of Active Duty, Serial Number and Reserve Obligation
- ☐ Savings and checking information. Name of Institution(s) holding the account(s).
- ☐ Credit obligations (Name of Institutions, type of accounts)
- ☐ Type, Expiration Date, number and restrictions relating to Driver's License
- ☐ Dates, locations, descriptions of any vehicle accidents in the last three years. Note any citations.
- ☐ The date, place, charge and the disposition of any arrest (Adult/Juvenile), local/non-local.
- ☐ Information relating to five personal references (name, addresses, telephone number during the day, occupation, length of time known and zip codes). References shall include neither relatives nor former/current employers.
- ☐ Zip Codes

Copies of the following documents should be attached to this completed application:

- ☐ **Birth Certificate**
- ☐ **Marriage Certificate if applicable**
- ☐ **Divorce Decree if applicable**
- ☐ **High School/GED and College diplomas**
- ☐ **DD214 Form and Military Records if applicable**
- ☐ **Driver's License**
- ☐ **Law Enforcement Certification if applicable**